

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	(hr)	684	4/19/00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	LH	60105	6-14-00
RESPONSE FORMALITY REVIEW	LH	6-15-00	9-15-00

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	✓	✓	3-13-02
2	✓	✓	1/16/02
3	0	0	1/16/02
4	0	0	1/16/02
5	✓	✓	
6	✓	✓	
7	0	0	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
12	✓	✓	
13	N	N	
14			
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21			
22			
23	N	N	
24	✓		
25	✓		
26	✓		
27	✓		
28	✓		
29	✓	✓	
30	✓	✓	
31	✓	✓	
32	✓	✓	
33	0	0	0
34	✓	✓	
35	✓	✓	
36	✓	✓	
37	0	0	0
38	0	0	0
39	✓	-	
40	✓	✓	
41	✓	✓	
42	✓	-	
43	✓	✓	
44	✓	✓	
45	0	0	0
46	✓	✓	
47	✓	✓	
48	✓	✓	
49	0	0	0
50	0	0	0

Claim	Final	Original	Date
51	✓	✓	1/16/02
52	✓	✓	1/16/02
53	✓	✓	
54	✓	✓	
55	✓	✓	
56	✓	✓	
57	✓	✓	
58	✓	✓	
59	✓	✓	
60	✓	✓	
61	=	=	
62	=	=	
63	✓	✓	
64	0	0	
65	0	0	
66	✓	✓	
67	✓	✓	
68	0	0	
69	✓	✓	
70	✓	✓	
71	✓	✓	
72	✓	✓	
73	✓	✓	
74	✓	✓	
75	0	0	
76	0	0	
77	✓	✓	
78	✓	✓	
79	0	0	
80	✓	✓	
81	✓	✓	
82	✓	✓	
83	✓	✓	
84	✓	✓	
85	✓	✓	
86	✓	✓	
87	0		
88	0		
89	✓		
90	✓		
91	0		
92	0		
93	✓		
94	✓		
95	0		
96	0		
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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